

15/11/09
PATENT

Practitioner's Docket No. BE9139PCT(US)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor application of: Andreas Reineke

Confirmation No.: 7884

Application No.: 10/533,852

Group No.: 3637

Filed: May 15, 2006

Examiner: Matthew W. Ing

For: HOUSING

**CERTIFICATE OF FIRST CLASS MAILING WITH MAIL STOP (CM-MS) (37 C.F.R.
§ 1.8(a)(i)(1)(A))**

I hereby certify that on July 24, 2009 the following correspondence:

Name of Paper: Response to Office Action – 9 pages
Replacement Drawing Sheet – 1 page
Annotated Drawing Sheet – 1 page

Number of Pages: 11

Fees: Amount: **\$130.00** Payment By: Credit Card

is being deposited with the United States Postal Service in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia, 22313-1450

with sufficient postage as first class mail.

Laura K Cahill
Signature 07/27/2009 CNGUTEN2 00000032 10533852

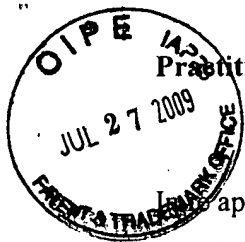
01 FC:1251

130.00 0P

Telephone Number: 440-684-1090

Laura K. Cahill

Type or print name of person certifying



Practitioner's Docket No. BE9139PCT(US)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In application of: Andreas Reineke

Confirmation No.: 7884

Application No.: 10/533,852

Group No.: 3637

Filed: May 15, 2006

Examiner: Matthew W. Ing

For: HOUSING

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$130.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS						
	REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDIT. FEE	
TOTAL	12	— 20	= 0	x	\$ 52.00	= \$	0.00
INDEP.	3	— 3	= 0	x	\$ 220.00	= \$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$ 0.00	= \$	0.00
TOTAL						ADDIT. FEE	\$ 0.00

No additional fee for claims is required.

DOCUMENTS ENCLOSED

5. Response to Office Action – 9 pages
Replacement Drawing Sheet – 1 page
Annotated Drawing Sheet – 1 page

FEE PAYMENT

6. Authorization is hereby made to charge the amount of **\$130.00** to credit card as shown on the attached credit card information authorization form PTO-2038.

FEE DEFICIENCY

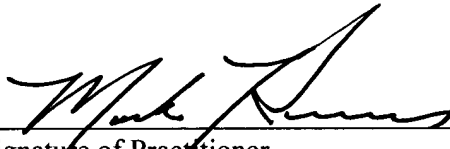
7. If an additional extension and/or fee is required, charge Account No. 50-0537.

If an additional fee for claims is required, charge Account No. 50-0537.

Date: **July 24, 2009**

Reg. No.: 31,115
Tel. No.: 440-684-1090

Customer No.: 22203



Signature of Practitioner
Mark Kusner
Kusner & Jaffe

Highland Place - Suite 310
6151 Wilson Mills Road
Highland Heights, OH 44143